Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/04/2014	Street:	205 S 5 th street
Incident #:	14ISPC007569	Apt, Lot, Ro	om #: Alley
County:	Vigo	City:	West Terre Haute Indiana
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☐ Lab Seizure ☐ Chemical Seizure ☐ Equipment Seizure ☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown			
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)			
 ☑ One Pot or Birch Reaction(s): <u>Duffle bag open air</u> ☐ Red Phosphorous/Iodine Reaction(s): ☑ Hydrochloric Acid Gas Generator(s): <u>Duffle bag open</u> ☐ Flammable Solvents: 		Water Reactive Metal (Lithium): Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):	
Child under age 18 discovered (check appropriate)			
No No	(number present) not present but evidence they reside	unclear Estimated occurring:	length of time manufacturing had beer
Vehicle, Travel Trailer, RV or Watercraft Information:			
Owner: VIN: Year:		Make: Model: Color:	
This report has been faxed* or emailed to the following agencies that serve the location:			
Health Depar	ent: <u>Sugar Creek</u> tment County: <u>Vigo County</u> of Child Services Hotline: <u>dcshotlinerepo</u>	Fax: Fax: orts@dcs.in.gov	<u></u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Organ</u> Phone <u>765-653-4114</u>			

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.